

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533665

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		/	/		
2		1		/		
3		1		/		
4		1		/		
5		1		/		
6		1		/		
7		1		/		
8	1		1			
9		1		/		
10		2		/		
11		1		/		
12	1		1			
13	1		1			
14		1		/		
15		1		/		
16		1		/		
17		1		/		
18	1		1			
19		1		/		
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49						
50						
TOTAL IND.	5		5			
TOTAL DEP.	15	←	14	←	←	
TOTAL CLAIMS	20		19			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	